

JOSH GREEN, M.D.
GOVERNOR



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII
DEPARTMENT OF PUBLIC SAFETY
Ka 'Oihana Ho'opalekana Lehulehu
1177 Alakea Street
Honolulu, Hawaii 96813

TOMMY JOHNSON
DIRECTOR

Melanie Martin
Deputy Director
Administration

Michael J. Hoffman
Acting Deputy Director
Corrections

William F. Oku
Deputy Director
Law Enforcement

No. _____

TESTIMONY ON HOUSE BILL 622, HD1
RELATING TO SUICIDE PREVENTION

By
Tommy Johnson, Director

House Committee on Judiciary and Hawaiian Affairs
Representative David A. Tarnas, Chair
Representative Gregg Takayama, Vice Chair

Friday, February 10, 2023; 2:00 p.m.
State Capitol, Conference Room 325 and Via Videoconference

Chair Tarnas, Vice Chair Takayama, and Members of the Committee:

The Department of Public Safety (PSD) offers comments on House Bill (HB) 622, House Draft (HD) 1, which seeks to make permanent the prevent suicide Hawai'i task force within the Department of Health, requires the task force to focus on reducing the suicide rate among Native Hawaiians and Pacific Islanders in the State, and require annual reports to the legislature.

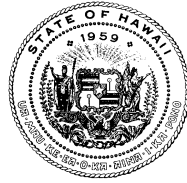
PSD previously supported the establishment of the prevent suicide Hawai'i task force to develop annual recommendations to the legislature to reduce deaths by suicide throughout the State of Hawai'i. In October 2021, the Bureau of Justice Statistics continued to identify suicide as a leading cause of death in local jails and state prisons. Correctional Mental Health Directors and Health Authorities at the National Commission on Correctional Health Care, the American Correctional Association, and the National Institute of Corrections continue to report increasing rates of suicide in correctional facilities nationwide.

In FY 2018, the Department of Public Safety began the implementation of a plan of action to improve the Department's comprehensive Suicide Prevention Program. ACT 144, SLH 2007, Reports (FY 2018 to current) document the improvements to the

Testimony on HB 622
House Judiciary and Hawaiian Affairs
February 10, 2023
Page 2

Department's Suicide Prevention Program. As a regular participant in the Prevent Suicide Hawai'i Task Force meetings, the Department has benefited tremendously from the resources, expertise, partnerships, and demonstration of exceptional commitment to the prevention of suicide by task force members. HB 622, HD 1 is aligned with the Department's ongoing work toward the goal of eliminating all preventable deaths by suicide. The Department embraces the opportunity to participate as a member of the prevent suicide Hawai'i task force while attempting to reduce the suicide rate for all Hawai'i residents.

Thank you for the opportunity to provide testimony on HB 622, HD 1.



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on HB622 H.D. 1
RELATING TO RELATING TO SUICIDE PREVENTION.**

REP. David A. Tarnas, CHAIR
HOUSE COMMITTEE ON JUDICIARY &
HAWAIIAN AFFAIRS

Hearing Date: Feb. 10, 2023

Room Number: 329

1 **Fiscal Implications:** N/A

2 **Department Testimony:** The DOH appreciates the intent of H.B. 0622 H.D. 1. and offers
3 amendments.

4 In particular the Prevent Suicide Hawaii Task Force (PSHTF), consisting of at least 16 team
5 members, created pursuant to House Concurrent Resolution (HCR) 66, Session Laws of Hawaii
6 (SLH) 2016, has met bi-monthly to produce its interim report in 2019 (attached) and work
7 towards the strategic plan deliverable in 2025. Much of the groundwork has been laid by the
8 PSHTF, and it will be more efficient to incorporate a new component focusing on NH/PI
9 populations, informed by culturally appropriate resources, than to create an entirely new effort.

10 The Legislature may also contemplate amending or updating HCR66 SLH 2016 with a
11 concurrent resolution in the 2023 session. This would accomplish many of the goals of HB622
12 without the administrative burden of compliance to chapter 92, Hawaii Revised Statutes and
13 duplicating previous work. Between 2017 – 2021, Hawaii averaged 196 suicide deaths per year,
14 approximately 22% of all fatal injuries in the state. Attempts outnumber deaths by 5-to-1. For the
15 same time period, suicidal deaths in Native Hawaiians averaged 35 per year and 13 per year in
16 Pacific Islanders (Micronesians, Samoans, and others). In the 15-24 age group, Native Hawaiian
17 suicide deaths averaged 6 per year and Pacific Islander deaths averaged 4 per year.

1 In addition to the PSHTF, there are at least five other active suicide prevention work groups with
2 stakeholders who may also focus on NH/PI communities:

- 3 • PSHTF - composed of a variety of stakeholders including representatives from a variety
4 of community and county task forces
- 5 • The Joint Military Suicide Prevention Task Force - represents all branches of the military,
6 including reserves, National Guard, and Coast Guard.
- 7 • The Hawaii Governor's Challenge to Reduce Suicide among Service Members, Veterans,
8 and their Families - a statewide initiative in partnership with the Substance Abuse and
9 Mental Health Services Administration (SAMHSA), the Department of Veterans Affairs,
10 all branches of the military, and state and community suicide prevention partners.
- 11 • Individual county suicide prevention task forces - Hawaii, Kauai, and Maui.

12 The DOH provides administrative and technical assistance to the existing task forces. The
13 department respectfully requests to defer or amend this measure to recognize the existing task
14 forces and recommend the task forces establish work groups focusing on Native Hawaiian and
15 Pacific Islander suicide prevention efforts.

16 Thank you for the opportunity to testify

17 **Offered Amendments:**

18 Recommend clarifying two taskforce members as defined in the bill:

19 Change Page 3, Line 4: (2) ~~{The suicide prevention coordinator for}~~ One representative from the
20 Department of Health Behavioral Health Administration (BHA), to be appointed by the director
21 of health;

22 Change Page 3, Line 12: (5) ~~{One member}~~ The suicide prevention coordinator from the
23 Department of Health's ~~[injury prevention and control section]~~ Emergency Medical Services and
24 Injury Prevention System Branch (EMSIPSB), to be appointed by the director of health;



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
House Committee on Judiciary & Hawaiian Affairs
Friday, February 10, 2023 at 2:00 p.m.

By

Lee Buenconsejo-Lum, Acting Dean

and

Deborah Goebert, DrPH, Professor, Department of Psychiatry and Principal
Investigator, The Hawaii's Caring Communities Initiative for Youth Suicide Prevention

John A. Burns School of Medicine

And

Michael Bruno, Provost

University of Hawai'i at Mānoa

HB 622 HD1 – RELATING TO SUICIDE PREVENTION

Chair Tarnas, Vice Chair Takayama, and Members of the Committee:

Thank you for the opportunity to provide testimony in SUPPORT of HB 622 HD1 which makes permanent the prevent suicide Hawai'i task force within the Department of Health (DOH). The bill also requires the task force to focus on reducing the suicide rate among Native Hawaiians and Pacific Islanders in the state.

The Prevent Suicide Hawai'i Task Force (PSHTF) is a state, public, and private partnership of individuals, organizations, and community groups working in the area of suicide prevention. PSHTF members collaborate to provide leadership, set goals and objectives, develop strategies, coordinate activities, and monitor the progress of suicide prevention efforts in Hawai'i. It was established in 2006 and in 2017 to reduce suicide by 25% by 2025. JABSOM has participated in task force activities since its inception and currently has a faculty member serving as co-chair.

Members of the PSHTF published an article looking at hope (primary prevention), help (crisis intervention and treatment), and healing (support after a suicide death) from a cultural perspective to capture local efforts in suicide prevention. (Attached.) We agree more needs to be done.

Native Hawaiian and Pacific Islander groups in Hawai'i are at increased risk of suicide deaths, behaviors and thoughts, especially among youth. According to data from the Department of Health, EMS & Injury Prevention Branch, 10-year suicide death rates by primary ethnicity are 516.8 per 100,000 for Native Hawaiians and 374.4 for Micronesians compared to 241.0 for Caucasians, 139.6 for Japanese, and 101.8 for Filipinos between 2010-2019.

The 2019 Youth Risk Behavior Survey for Hawaii showed that 15.9% of Native Hawaiian high school students and 15.2% of other Pacific Islander students made a plan for suicide in the past 12 months, compared to 14.5% of Filipino students, 11.9% of Caucasian students, and 8.5% of Japanese students. Suicide has lasting and profound impacts on families and communities.

This measure would be beneficial in make progress into hope, help, and healing steps that could be taken in order to reduce the number of suicide deaths, as well as seeking solutions to prevent suicide by studying models, practices and policies. We support continued development and evaluation of culturally adapted programs and policies with the necessary funds to conduct the work.

Thank you for the opportunity to provide testimony on this bill.

Hope, Help, and Healing: Culturally Embedded Approaches to Suicide Prevention, Intervention and Postvention Services With Native Hawaiian Youth

Deborah Goebert

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and University of Hawai'i at Mānoa

Naleen N. Andrade

University of Hawai'i at Mānoa

Barry S. Carlton and Shaylin Chock

University of Hawai'i at Mānoa

M. Diane Eckert

University of Hawai'i at Mānoa

Kaohuonapua Kaninau-Santos

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and Lili'uokalani Trust, Wai'anae, Hawai'i

Caitlin Kelly

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and the University of Hawai'i at Mānoa

Antonia Alvarez

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and Mental Health America of Hawai'i, Honolulu, Hawai'i

JoAnne Balberde-Kamalii

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Hilo, Hawai'i

Jane J. Chung-Do

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and University of Hawai'i at Mānoa

Kealoha Hooper

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Kaunakakai, Hawai'i

Gina Kaulukukui

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Lihue, Hawai'i

Mara J. Pike

Mental Health America of Hawai'i, Honolulu, Hawai'i

Davis Rehuher and Jeanelle Sugimoto-Matsuda

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and University of Hawai'i at Mānoa

Deborah Goebert, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and Department of Psychiatry, John A. Burns School of Medicine, University of Hawai'i at Mānoa; Antonia Alvarez, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, and Mental Health America of Hawai'i, Honolulu, Hawai'i; Naleen N. Andrade, Department of Psychiatry, John A. Burns School of Medicine, University of Hawai'i at Mānoa; JoAnne Balberde-Kamalii, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Hilo, Hawai'i; Barry S. Carlton and Shaylin Chock, Department of Psychiatry, John A. Burns School of Medicine, University of Hawai'i at Mānoa; Jane J. Chung-Do, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and Office of Public Health Studies, University of Hawai'i at Mānoa; M. Diane Eckert, Department of Psychiatry, John A. Burns School of Medicine, University of Hawai'i at Mānoa; Kealoha Hooper, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Kaunakakai, Hawai'i; Kaohuonapua Kaninau-Santos, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and Lili'uokalani Trust, Wai'anae, Hawai'i; Gina Kaulukukui, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Lihue, Hawai'i; Caitlin Kelly, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and Department of Psychiatry, John A. Burns School of Medicine, University of Hawai'i at Mānoa; Mara J. Pike, Mental Health America of Hawai'i, Honolulu,

Hawai'i; Davis Rehuher and Jeanelle Sugimoto-Matsuda, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and Department of Psychiatry, John A. Burns School of Medicine, University of Hawai'i at Mānoa.

Mahalo to the youth, families and communities that have been touched by suicide and shared their struggles, insights, time, energy and ideas about suicide prevention. Mahalo to the youth leaders, community partners, and staff of the Hawaii's Caring Communities Initiative for their dedication to suicide prevention and mental wellness and inspiring work. This article was developed, in part, under grant U79SM060394 from the Substance Abuse and Mental Health Services Administration (SAMHSA), Mental Health America of Hawai'i, The Queen's Medical Center, and the University of Hawai'i at Mānoa, SEED Inclusion, Diversity, Equity, Access and Success Initiative. The views, opinions and content of this publication are those of the authors and contributors, and do not necessarily reflect the views, opinions, or policies of our funders, and should not be construed as such.

Correspondence concerning this article should be addressed to Deborah Goebert, Department of Psychiatry, John A. Burns School of Medicine, University of Hawai'i, 1356 Lusitana Street 4th Floor Honolulu, HI 96813. E-mail: goebert@dop.hawaii.edu

Suicide rates have reached their highest documented levels in the United States with the greatest increases among indigenous youth, including Native Hawaiians. Culturally informed, effective prevention and treatment services are needed now more than ever for Native communities to heal and flourish. Multicomponent prevention and service strategies rooted in indigenous values and approaches show the most promise. Native Hawaiian communities are united around a common goal of suicide prevention, intervention and postvention, linking cultural meanings to improve understanding and guide local efforts. This paper highlights important cultural values to consider when developing and implementing suicide prevention, intervention and postvention. Strategies build upon the strengths of Native Hawaiian youth and their respective communities. Native Hawaiian sayings anchor each level and serve to organize a set of culturally informed and culturally embedded programs and approaches along the continuum of prevention, intervention and postvention. Application of indigenization to suicide prevention enhances connections to people and place, inspiring hope among Native Hawaiian youth, their families and their communities.

Keywords: youth suicide, Native Hawaiian, culture, prevention, postvention

Suicide is a serious and preventable public health problem worldwide with indigenous youth having significantly higher rates than nonindigenous youth (Harlow, Bohanna, & Clough, 2014). In the United States, suicide rates have reached their highest documented levels with the greatest increases among indigenous groups (Curtin, Warner, & Hedegaard, 2016). Recent reviews emphasize the need for studies to comprehensively examine the impact of culture (Colucci & Martin, 2007; Harlow et al., 2014). Cultural norms, used in purposeful ways, facilitate a positive sense of belonging to a valued community (Kana'iaupuni, 2005). A review of prevention programs for Native communities concluded that the best programs are culturally relevant and developed with community input (Middlebrook, LeMaster, Beals, Novins, & Manson, 2001). Community involvement makes a significant difference in well-being because it reinforces the contemporary discourse in Native communities that *our culture is our treatment* (Kral et al., 2009). Multicomponent prevention strategies that incorporate indigenous involvement in the development, cultural tailoring, and delivery, show the most promise.

Native Hawaiian Suicide

Locally, suicide is the most common cause of fatal injuries among Hawai'i residents, accounting for 26% of all fatal injuries—outpacing car crashes and drowning (Galanis, 2016). Youth suicide death and attempt rates are highest among Native Hawaiians, having a profound impact on their communities (Else, Andrade, & Nahulu, 2007; Galanis, 2016). Native Hawaiian youth and emerging adults (15–24 years of age) were 2.3 times more likely to die by suicide compared to Caucasian youth in Hawai'i (14.0 per 100,000 vs. 6.2, respectively; Galanis, 2016). Furthermore, Native Hawaiian youth were 2 times more likely to have made a suicide attempt in the last year compared to their Caucasian peers (14.1% vs. 7.1% respectively; Hawai'i Health Data Warehouse, 2017).

Recent theories of health behaviors have moved away from reinforcing victim-blaming and stigmatizing attitudes to examining historical trauma response and colonization as a determinant of health for indigenous peoples (Brave Heart, Chase, Elkins, & Altschul, 2011). Policies rooted in colonization severed indigenous groups from their language, families and communities as well as their cultural knowledge, protocols and norms that maintain wellness. For example, U.S. missionaries confiscated Native Hawaiian lands in 1848, followed by U.S. land seizures from 1893 to 1898.

During the same period, restrictions on language, hula and traditional medicine were enacted, stripping Native Hawaiians of natural resources relied upon for subsistence as well as their cultural practices. Therefore, it is not surprising that in pre-European contact Hawai'i, suicide was rare (Pukui, Haertig, Lee, & McDermott, 1972). However, since Hawai'i began collecting suicide statistics in 1908, rates for Native Hawaiians have been increasing and are among the highest in the world for youth (Else et al., 2007; Wong, Sugimoto-Matsuda, Chang, & Hishinuma, 2012).

While efforts are being made to revitalize indigenous cultural practices, youth often find themselves having to navigate their native culture at home and the dominant Western culture at school and work. Native Hawaiian youth with high levels of Hawaiian cultural affiliation and low levels of assimilation to the dominant Western culture were more likely to attempt suicide (Yuen, Nahulu, Hishinuma, & Miyamoto, 2000). Sexual activity, having sex with both males and females, experiencing family conflict, witnessing family violence and poor family support were also risk factors for youth suicide attempts (Else et al., 2007). Local longitudinal research indicated that suicidal ideation, anxiety and parent expectation were the best predictors of suicide attempts for Native Hawaiians and non-Hawaiians with no interaction by ethnic identity (Hishinuma et al., 2017). However, significant differences were found between groups in hope and help-seeking, with Native Hawaiian youth increasing help-seeking and decreasing hope to a greater degree (Goebert, Hamagami, Hishinuma, Chung-Do, & Sugimoto-Matsuda, in press).

Despite exposure to adversity, most Native Hawaiian youth do not develop suicidality (Carlton et al., 2006; Goebert et al., 2000). Protective factors for preventing suicidality include talking with parents, higher levels of family cohesion, family organization and parental bonding (Else et al., 2007). Community members provide a tremendous amount of support, enhancing youth well-being and identification with their community (Chung-Do et al., 2014). A strong sense of community identity can increase feelings of self-efficacy, connectedness and purpose (CDC, n.d.; McCabe, 2007; Whitbeck, Chen, Hoyt, & Adams, 2004). From a Native Hawaiian perspective, strengths-based approaches enhance existing assets and relationships in these families and communities (Yahata & Kaninau, 2009). Communities unite around a common goal of suicide prevention, linking cultural meanings that maintain and strengthen their group, social morals and ethics (Yuen et al., 2000; Yuen, Yahata, & Nahulu, 2006).

Nearly a decade ago, a needs assessment of community concerns was conducted about youth suicide, bullying and violence (Yahata & Kaninau, 2009). Key informants serving Native Hawaiian youth ages 15 to 24 provided insight on the relevancy and accuracy of existing reports for these youth; made recommendations to enhance strengths-based programs; determined assets, resources and needs of Native Hawaiian communities; and identified strategies for moving prevention efforts forward. Overall, their findings contributed to the growing body of evidence supporting the importance of developing and sustaining culturally informed Native Hawaiian youth programs. The themes that emerged indicated the need to: develop, implement, and evaluate culturally appropriate strategies in the context of their families and broader community; utilizing natural leaders within communities; and supporting both youth and community wellbeing. Comprehensive and integrated approaches are more successful in addressing youth suicide prevention (Garraza, Walrath, Goldston, Reid, & McKeon, 2015). Furthermore, a study of local community members engaged in youth suicide prevention demonstrated that youth-led programs enhance youth participation and lead to improved self-concept, connectedness and improved mental health and wellness (Chung-Do et al., 2015). Programs must include processes that allow space for sharing thoughts, beliefs, values and relationships to be expressed in actions, words and the intricacies of the way we live. Effective suicide prevention programs require sufficient time to form meaningful relationships to access, exchange and transform understanding and action among program participants. Native Hawaiian communities enthusiastically support strengths-based approaches. This paper highlights cultural aspects of suicide prevention strategies that build upon the strengths of Native Hawaiian youth and their respective communities.

Overarching Principles

Native Hawaiians and those with whom they work, such as many of the authors, strive for excellence in community-level systems for families—past, present and future. Members of this research and clinical team, henceforth referred to as we, share common goals and have developed robust understandings of approaches to healing and wellness rooted in our sense of place. Our community and clinical work, academic research and policy advocacy are informed by Native Hawaiian practices, beliefs and traditions. We provide training to community and clinical service providers on the prevention of suicide. We develop, implement and monitor effective programs that promote wellness, balance, resilience and hope. We encourage suicide prevention as a core component of health, endorsing and implementing effective clinical practices for assessing and treating those identified as being at risk for suicidal behavior.

Native Hawaiian values are at the forefront of our suicide prevention work, providing a deeper meaning and process. Four Native Hawaiian values repeatedly came up in our respective work and now serve to guide our collective efforts—*aloha*, *ola*, *mālama* and *pilina*. The first value, *aloha*, means to love unconditionally, to give without the expectation of reciprocity, to be empathic and compassionate. It represents the unselfish kindly concern for the good of another without expecting anything in return from them. Hawaiian wisdom indicates “*Ua ola loko i ke aloha*,” meaning “love is imperative to one’s mental and physical welfare.” Our second value, *ola*, translates to “life.” In daily cultural practice, *ola*

is the spiritual connectedness between a person’s sense of being or identity with others and with the *mana* (life force) that flows through all animate and inanimate things. To be connected is to be filled with the renewing vibrancy of life as compared to *ka’ele make* (an emptiness within that may make one vulnerable to defeat, resignation and death). The third value, *mālama*, is commonly translated as to take care of, tend, attend, care for and show reverence. *Mālama* has many contexts relevant to suicide prevention (e.g., *e mālama ola*—care for all life, without being told or asked; *e mālama kekahi i kekahi*—care for each other). However, the concept of *mālama* begins with each of us (Kawa’ā, 2009a). To care for life, care for others and take care of our *kuleana* (responsibility), we must first *mālama* ourselves (take good care of ourselves). When we are off balance, it is challenging, if not impossible to care for others.

Our fourth value, *pilina*, refers to connectivity and relationships. The importance of connectivity in times of need is frequently expressed by those who have attempted suicide as well as by those dedicated to preventing suicide in our communities. The metaphor of the intertwining of the ‘ie’ie (*vine*) and *koa* (prized, native hardwood tree) as shared by Native Hawaiian cultural specialist Luana Kawa’ā (2010) captures this value.

The ‘ie’ie is a crawling vine that would cling to the *koa* tree. Let’s consider the *pilina* or relationship between the *koa* and the ‘ie’ie. *The koa* stands mighty and tall while the ‘ie’ie is much more delicate and fragile, yet one compliments the other. So it is our *pilina* with each other. Good relationships have this kind of [empathic, complementary] balance. When one person is weak, the other is strong. When one needs protection, the other provides a safe place. When one person is growing and learning the other provides the stable foundation allowing the growth to take place. At times we may need to be the *koa*, strong, tall, steadfast and immovable. In our vulnerable times, we may be like the ‘ie’ie, creeping and crawling along, clinging to those around us as we make our way. *This is what makes pilina*, relationships in our lives so important, so essential, as we find our way through this journey called life.

By building and maintaining of these relationships, we enhance resilience. To put this metaphor into practice, one of our youth groups learned to weave the ‘ie’ie, that they harvested, cleaned, and dried. *The ‘ie’ie*, while fragile at time, can be a source of strength when woven together into a basket and transformed to serve as a vessel for life.

These four values are integrated into our collective efforts to promote hope, help and healing for youth suicide prevention. We believe that hope, help and healing are interconnected in suicide prevention as help-seeking cannot occur without hope and healing, and healing cannot truly happen without hope and help from others. We share ‘*ōlelo no’eau*, which are Native Hawaiian sayings that reflect our values, convey wisdom to guide thinking and action and serve to frame our strategies.

Hope: Primary Prevention and Early Intervention

‘O ka hilina’i ka ‘imi ‘ana i kahi pohihihi a ka puka aku ‘ana me ka ‘ike.

To possess an undaunting Hope: Believe that in the midst of confusion and bewilderment, one is capable of seeking and holding onto the way toward a future possessing insight and vision.

~‘Ike Pono ‘Oe, 2016

Hilina'i translates to believe in hope or to believe that things will get better. It also means to trust and lean on. These words express a *mana'o* (thought, belief or theory) toward life and health (Kawa'a, 2009b). In trying times, we need to lean on others and believe in hope. While hope is integral to all aspects of suicide prevention, intervention and postvention, it is the focus of primary prevention. The following are other essential values for primary prevention:

- *Ho'olohe pono*: listen well or "be there" (active and attentive listening) and *ho'olono*: listen deeply and go beyond what is being said.
- *Ma ka hana ka 'ike* (from doing one learns) and *hana lima* (work with the hands) (Pukui & Elbert, 1986). These approaches offer youth an experiential learning format that integrates their thoughts and feelings. Youth are able to find something they are good at and cultivate that skill (Duponte, Martin, Mokuau, & Paglinawan, 2010).

Hawaii's Caring Communities Youth Leadership Program for Suicide Prevention

Increasing evidence shows community-based injury prevention programs for youth are successful as well as youth leadership programs that involve youth as key stakeholders (Dalton, Elias, & Wandersman, 2007). Embedded within a community-based approach is the recognition that health is disproportionately impacted among marginalized groups, such as rural and minority populations (Freire, 1998). Local youth leadership programs in Hawai'i have been developed with these fundamental values as the foundation. One of these programs is the Hawaii's Caring Communities Initiative (HCCI) for Youth Suicide Prevention. It used an innovative youth and community-mobilization model to collaborate with six youth-serving and community health organizations in rural communities across Hawai'i (Chung-Do et al., 2014, 2015, 2016a, 2016b). Youth and community members were trained as trainers to develop awareness projects and activities that incorporated evidence-based practices, ensuring these projects were culturally relevant and met the unique needs of the community. Having indigenous youth included in the planning, development, implementation and evaluation of local youth suicide prevention efforts increases the likelihood of positive impacts (Reitz & Banerjee, 2014). Indigenous youth provide valuable cultural insight and creativity, informing youth suicide prevention initiatives so that they become strong models of prevention in the community (CDC, n.d.). HCCI used a youth leadership model that focused on developing youth leaders in suicide prevention through training, youth empowerment and team-building activities. This increased their sense of belonging and attachment to place. In alignment with community-based participatory principles, this model provided a framework for organizations to develop their unique plan to not only address the community's needs but also to utilize the strengths of the organization and the community.

Our approach requires youth-adult partnerships (Camino, 2005). We have found that not only do youth frequently indicate that they turn to their grandparents in a crisis, that their interactions with *kūpuna* (elders) and other supportive adults, role models and mentors are critical to program success. We have also learned that it is important to *ho'opono* (set and understand expectations) for youth-adult partnerships. This helps to identify what is happening in everyone's lives beyond their concerns for suicide and facilitates a greater understanding of youth and supportive adult needs,

defines youth voice, and enables the fusion of Native culture in a way that supports one's social and generational cultural values. Interventions based on a strengths-based model of positive youth development can promote healing and facilitate a sense of belonging to a valued community (Kral et al., 2009; Trinidad, 2009). Our partnerships seek to promote protective factors among youth by providing opportunities to take leadership roles and to connect them to culturally grounded activities, increasing their knowledge and comfort as leaders, encouraging health promotion, validating the youth's role in the community, while fostering social and community connectedness. The aim is to instill hope for self, peers, families and community. Pathways are generated for other youth to have hope, connect to help, survive and begin the healing to thrive. As one HCCI youth leader described "When you want to do something with your life, you'll figure out that you want to do something for your community, people in your community, outside, this and that. I realized that."

Hawai'i Youth Leadership Council for Suicide Prevention

The Hawai'i Youth Leadership Council for Suicide Prevention provides a youth voice for statewide suicide prevention work, leadership development and training on suicide prevention, civic engagement and community service opportunities. It also connects members with supportive adults who help them champion suicide prevention in their home communities. These socially engaged young leaders will have the knowledge that their actions can effect positive change (Martin, Pittman, Ferber, & McMahan, 2007). They already possess an awareness and motivation to make positive change in their world. They have the skills and capacity to make a contribution; are resourceful, connected and experienced; they can access and navigate their way through different settings and institutions, creating opportunities to be engaged in purposeful action that can lead to positive social change and improvements in conditions for themselves and their communities. Youth councils are an effective means to engage youth voices in community decision-making (Checkoway & Gutierrez, 2006). Successful youth councils lay a foundation by addressing: (1) membership diversity (e.g., community representation, gender, ethnocultural identity, socioeconomic status, sexual orientation, and suicide attempt survivors), which helps ensure a variety of viewpoints and encourages creativity in discussions; (2) infrastructure; and (3) work environment. Youth council mentors deliberately support meaningful youth action by building youth capacity, deepening youth motivation and negotiating opportunities for access to policymakers and other constituents. It is powerful to see how their voices emerge when they take ownership. The Hawai'i Youth Leadership Council for Suicide Prevention is the heart of our efforts. Youth serve as ambassadors for their communities across the state and act as the authentic voice in our activities.

Help: Intervention

'Ike aku, 'ike mai, kokua aku kokua mai; pela iho la ka nohana 'ohana.

Recognize others (watch), be recognized (observe), help others, be helped; such is the family/community way.

~'Ōlelo Noe'au Pukui (1983), No. 1200

The words expressed in this *'olelo no'eau* reflect a fundamental philosophy necessary for creating and sustaining a system for

suicide prevention. Many Native Hawaiians and others living in Hawai'i consider everyone in their community a part of their extended family. In the *'ohana* (family), you know others and they know you; you help others and know you will be helped.

Connect Suicide Prevention Program (Gatekeeper Training)

Suicide prevention programs employ gatekeeper training strategies to educate natural helpers to recognize warning signs for suicide and know how to respond appropriately. Four broad themes of cultural needs were identified by community leaders in suicide prevention during focus groups held in 2012 as a first step to developing youth suicide prevention programs in the community, emphasizing the importance of honoring community knowledge and prioritizing relationship (Chung-Do et al., 2016). The themes included: (1) training curriculum must provide an intentional space for relationship-building; (2) program trainers from outside of the community must get to know the community, cultural protocols and level of community readiness before initiating a program; (3) training programs must incorporate local examples; and (4) an interactive environment must encourage trainees to be active participants in the learning process. Adherence with these themes will facilitate acceptance of culturally tailored, evidence-informed programs. Furthermore, it is important for the person who self-identifies as being connected to the community also to be recognized and accepted by the community. This is also an opportunity for the community trainers to show appreciation for their connection(s) to the community with humbleness and cleanse any "reconnect" that may be needed. This strengthens the connection with the community and respectfully acknowledges the responsibility the trainer has in regards to the community. Uncle Ish Stagner, *kupuna* and psychologist, referred to our need to connect to and be connected with the whole being through PINK: *pu'uwai* (heart), *ike* (mind), *na'auao* (gut intuition), *kino* (body).

Our youth with lived experience who strive for understanding and a better tomorrow selected the following *'ōlelo no'eau* (saying) to express the wisdom of their ancestors in overcoming adversity.

Loa'a ke ola I Hālau-a-ola.

Life is obtained in the House-of-life: One is safe, well again. A play on *ola* (life, health, hope, healing, contentment, and peace after a struggle).

~'Ōlelo Noe'au Pukui (1983), No. 2017

Additionally, the importance of change in reframing an event, resolving a conflict or restoring a developmental deficit is critical. Two essential values pertain to this:

- *Ho'ohuli*: To turn, reverse, curl over like a breaking wave, change an opinion; to shift your thinking; to physically and emotionally turn from or to something; to look for, search, explore, investigate; to seek the truth.
- *Ho'ololi*: To amend, alter, transform; to take a new form or to change or modify one's thoughts, feelings, or behaviors.

Emergency Department Training

Emergency departments play a fundamental role in suicide prevention and may be a primary or sole source of health care, especially among rural and indigenous populations (Matsu et al., 2013; Sugimoto-Matsuda & Rehuher, 2014). We found that youth in rural, primarily Native Hawaiian communities were nearly four times more likely to use an emergency for mental health care at a higher level of acuity. While all emergency department providers are in a position to communicate with family and friends, facilitate engagement in outpatient care and prevent future suicide attempts, those serving our Native Hawaiian communities place greater emphasis on the importance of relationships, demonstrating cultural humility. Rather than restricting the *Connect* training to their discipline, our rural providers encourage integration with the community, thereby increasing their outreach, enhancing trust and willingness to seek care. The value expressed by *kekahi i kekahi* (everything/everyone is connected) signifies their approach. We are community/family members first.

Family Treatment Center's Cultural Integration Program

The Queen's Medical Center's Family Treatment Center promotes the health and well-being of Hawai'i's adolescents and their families, providing inpatient mental health services for youth of whom the vast majority suffer suicidality. Core treatment strategies include cognitive-behavioral approaches (e.g., educational competence, constructive thinking, age-appropriate behavior and appropriate judgment in social situations); developing emotional competence (e.g., developing coping skills, building a capacity for empathy, developing positive regard for self and others); family strengthening; promoting well-being; developing a sense of community (e.g., enriched and balanced life experiences; cultural, spiritual and social awareness; Hawaiian concepts of community and relationships to people and the environment). The cultural integration program considers values as a central component of well-being (Carlton et al., 2011). Adolescents with prosocial values have a foundational guide for beliefs, social behavior and attitudes that can lead to honest, respectful and responsible decision making. The goals of the cultural integration program are to have the values reinforced in class, in therapy (individual, group and family), and throughout the treatment milieu. For example, values are introduced in class and their definitions discussed briefly. Youth then journal with writing and/or drawings, reflecting on what it means to them. Later that day, the value is revisited in group and individual therapy during which youth share their interpretations. In the early stages of treatment, many youth discuss their life experiences and how these values have been violated by family members, severing their identity with their Native Hawaiian culture. Using values in therapy allows the therapist to have awareness and understanding of the youth's thoughts, views, and perspectives; emotional and cognitive capacities; interpersonal relatedness and morality that they may not have otherwise. It is believed that by living the values, the youth will become more resilient and cope better with future adversity. This program includes concepts of values, relationships, actions and the intricacies of the way youth live, creating a more effective program.

Therapeutic progress can be gauged during individual therapy as illustrated by the composite case of Kaimana, Power of the Ocean Boy, and two values he explored during individual therapy

(Chock, Carlton, Andrade, & Goebert, 2014). Kaimana was admitted to the Family Treatment Center with suicidality. His mother had died from an alcohol related illness when he was younger, and he was living in his fourth foster care home. Kaimana was an avid body surfer, smart and maintained a sustained relationship with an adult mentor. Initially, he selected the value *olu'olu* (pleasing state of calm, pleasure, comfort). His therapy session focused on the role the ocean played in relieving stress. The ocean proved a place to surf and spearfish. He was able to appreciate its practical uses for play and work. As he focused on his emotions, Kaimana shared that, when he would jump into the ocean, he would feel that all of his problems would disappear and his anger and frustration with life would subside. It became his focus for mentalization, as he moved from needing to physically be in the ocean to relax to being there symbolically. Kaimana also revisited the Hawaiian value *hō'ihī* (something sacred, to be respected, dignified, spoken of). He claimed that when it came to relationships, only the ocean was always there for him. As he delved into his connection to the culture, he discussed his mother and his feelings toward her. He believed that the ocean is most sacred place on earth. His mother's ashes were scattered in the ocean, and his mother's *'aumakua* (ancestral spirit) was the turtle. He had a special connection with turtles because they hold his mother's spiritual energy. Kaimana began to identify with his culture through past generations, strengthening his sense of self and reaching out to reconnect with relatives.

Most recently, the unit began a collaborative project on healing through art, in which murals along its walls reflect Native Hawaiian cultural values (Consillio, 2016). The project started with the treatment team and mural artists from the community discussing goals and implementation. The vision of the mural concentrated on the medical center's royal Founders, Queen Emma and King Kamehameha IV and their son, Crown Prince Albert Kamehameha. The mural attempted to capture the *'ano* (nature, meaning, quality) conveyed in the story of how the young Queen dealt with the death of her 4-year-old son, followed by her 29-year-old husband 15 months later. Following her devastating losses, she embarked on a transformative journey up to the summit of Mauna Kea, to become one of Hawai'i's great monarchs. Youth on the unit went to the *kalo* (taro) field, where they helped to care for the *kalo* and discussed values. They continued the cultural component of the treatment with *mo'olelo* (story) and *'ōlelo no'eau* (sayings) to reinforce the values previously taught. Relationships and actions were then seen in the interactions with each other and on the wall of the unit. Overall, youth and staff worked together to continue to develop prosocial behaviors. This combined treatment of experiential cultural immersion and artistic expression vicariously teaches these adolescents to sublimate powerful emotions of devastating loss and sorrow that can be transformed into hope and positive action. It is a powerful heuristic healing approach that incorporates indigenous Hawaiian culture and mythic ancestral narratives. Notably, this indigenous culture treatment approach is based on the epistemology of our four overarching principles (i.e., *aloha*, *ola*, *mālama* and *pilina*) that are refined into specific values (e.g., *ho'ohuli* and *ho'ololi*) that meet the needs of the treatment context clinicians must creatively work within. As with primary prevention, this has also allowed youth to utilize their strengths and connected to others around shared values.

Heal: Postvention

Mālama ola no na lei.

A rainbow is waiting: In moments when darkness is all around, and it's hard to see beyond it, a rainbow or preserver of life for youth is waiting.

~ *Kapuna* Uncle Val Kepilino and Aunty Malia Craver

Mālama ola no na lei is an excerpt taken from the song *Pu'uhonua Nani*, (Beautiful Refuge) (Queen Lili'uokalani Children's Center, 2013). Aunty Malia Craver helped to guide Hawaiian children and families toward cultural pride as source of nourishment, healing and strength. There are moments in life filled with darkness, confusion, doubt and uncertainty, especially after a significant loss. They can also include feelings of shame, guilt and blame. Such tragic moments can contribute to contagion and further increase suffering and feelings of hopelessness among youth, their families and the community. We assist youth in understanding what resilience is and how they identify it in their life. We also use a resilience framework to support the community and help them through the grieving and healing process. Influenced by community support and a sense of belonging and cultural respect, our indigenous Hawaiian youth and families have demonstrated resilience. Our experience has repeatedly shown that Native Hawaiian communities desire coming together to grieve and heal. Therefore, there is a need for family/extended family grief groups to be available after a death. Additionally, community postvention work needs to use small community meetings, prevention training with emphasis on process to be led by locals and have local community members who are willing to serve as resource people to the greatest degree possible. This demonstrates honor and respect for cultural tradition and recognition of leaders. Native Hawaiian community members share a willingness to speak openly and graphically within family/extended family about suicide because they see value in not hiding the death. However, when this is combined with not understanding safe messaging, others who may be at risk can contribute to contagion. When we have shared prevention and postvention information after a suicide death, it has been welcomed due to the need to encourage healing, hope and help-seeking as a natural progression. Passing life forward is essential for restoring hope. It reinforces the need for early involvement in primary prevention, as contagion levels are high in our island communities. We must create change as well as reaffirm connections with family and community. Trained facilitators foster a safe, nurturing place for youth and families to express their emotions and share their stories, honestly, passionately and without judgment. To be able to focus on the strengths and gifts within the youth, families and communities, the partnerships of youth and adults, *kapuna* wisdom and community leaders in collaboration with skilled community people with aloha and cultural understanding. Additionally, community members want gate-keeper information shared with natural helpers, traditional healers, schools and medical providers. The following values are integral to postvention efforts:

- *Ho'okala*: The act of releasing or forgiving. Used as a stage of the *ho'oponopono*, (conflict resolution that forgives and frees one from the negative energy that perpetuates the trauma or wrong that was done by you or to you by someone else).

- *Manawa*: The proper or right time or opportunity for a change. Readiness depends on community—for most, immediate needs are one day to two weeks after a death while others need a much longer period of adjustment.
- *Hō‘ihi*: To treat everyone with dignity and respect. It is essential to partner with those who have shown care and continuity in the community. It emphasizes relationship building and connectivity.
- *Hāloa*: To care for and honor our *kūpuna*, as we look to our ancestors, moving forward for divine guidance and spiritual connection. *Hāloa* (long breath or eternal life), is the first Native Hawaiian and is the younger brother of *Kalo* (taro). The story of *Hāloa* reminds Native Hawaiians of the life cycle, and that we are part of nature and all connected, rooted in traditions and spirituality. It is symbolic, and to our people and culture, it is real.

The process we have developed, employ and describe began with the traditional knowledge and approaches of our *kūpuna* and ancestral narratives, which we have furthered by the contemporary needs and disciplined innovation of our youth, parents and elders.

Conclusion

Effective suicide prevention for indigenous youth requires a broad-based community commitment with many layers, occurring simultaneously. Innovative strategies rooted in community problem-solving use the transformative power of indigenization and community involvement. Comprehension of local, traditional indigenous perspectives of suicide and well-being enhances the knowledge of existing evidence (Else et al., 2007; Yuen et al., 2000). Native American studies show a relationship between attenuated suicide rates and community ties to traditional values and community involvement in health, education and cultural services (Chandler & Lalonde, 1998). Prevention programs in indigenous communities work best if they are culturally relevant and developed with local input (Middlebrook et al., 2001). Such programs create supportive community, strengthen families and give individuals tools to be healthy and resilient. Indigenous epistemology centers on youth programs, encouraging production and teaching of knowledge and social voice (Trinidad, 2009). It engenders indigenization, and thereby empowers communities to tell their stories, traditions and practices of past and present; communities, cultures and social practices, once seen as marginalized, become sources of hope (Trinidad, 2009). Indigenization represents a paradigm shift in developing Native programs; it links intervention to a sense of community (Meyer, 2001; Trinidad, 2009). Our prevention and clinical work are examples of applying indigenization to suicide prevention; contemporary approaches underpinned by ancestral traditions that resonate and thereby strengthen the resolve of youth to wait out with hope, ultimately defying thoughts of giving up on one's self, family, community and life. Relationships are built through connections to people and place. Through indigenization, involved communities can evoke their history and traditions, then develop culturally relevant, locally directed healing interventions that integrate scientific principles that determine effectiveness and efficacy with technical consultation from academic researchers and community advisors. Suicide prevention and intervention efforts for Native Hawaiian communities must be culturally guided.

References

- Brave Heart, M. Y., Chase, J., Elkins, J., & Altschul, D. B. (2011). Historical trauma among Indigenous Peoples of the Americas: Concepts, research, and clinical considerations. *Journal of Psychoactive Drugs*, *43*, 282–290. <http://dx.doi.org/10.1080/02791072.2011.628913>
- Camino, L. (2005). Pitfalls and promising practices of youth–adult partnerships: An evaluator's reflections. *Journal of Community Psychology*, *33*, 75–85. <http://dx.doi.org/10.1002/jcop.20043>
- Carlton, B., Goebert, D., Bell, C., Horton, M., Else, I., Marcinowski, M., & Yamada, L. (2011). An illustration of integrating cultural values into mental health treatment. *Hulili: A Multidisciplinary Journal on Hawaiian Well-being*, *7*, 159–184.
- Carlton, B. S., Goebert, D. A., Miyamoto, R. H., Andrade, N. N., Hishinuma, E. S., Makini, G. K., Jr., . . . Nishimura, S. T. (2006). Resilience, family adversity and well-being among Hawaiian and non-Hawaiian adolescents. *International Journal of Social Psychiatry*, *52*, 291–308. <http://dx.doi.org/10.1177/0020764006065136>
- Centers for Disease Control and Prevention. (CDC). (n.d.). Connectedness as a strategic direction for the prevention of suicidal behavior. Retrieved September 27, 2013 from http://www.cdc.gov/violenceprevention/pdf/Suicide_Strategic_Directio_-_One-Pager-a.pdf
- Chandler, M. J., & Lalonde, C. E. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, *35*, 191–221. <http://dx.doi.org/10.1177/136346159803500202>
- Checkoway, B. N., & Gutierrez, L. M. (2006). Youth participation and community change: An introduction. *Journal of Community Practice*, *14*(1–2), 1–9. http://dx.doi.org/10.1300/J125v14n01_01
- Chock, S., Carlton, B., Andrade, N. N., & Goebert, D. (September 16, 2014). *Indigenous Hawaiian cultural values in child and adolescent inpatient treatment*. Oral presentation at the XVI World Congress of Psychiatry in Madrid, Spain.
- Chung-Do, J. J., Bifulco, K., Antonio, M., Tydingco, T., Helm, S., & Goebert, D. A. (2016a). A cultural analysis of the NAMI-NH Connect Suicide Prevention Program by rural community leaders in Hawai'i. *Journal of Rural Mental Health*, *40*, 87–102. <http://dx.doi.org/10.1037/rmh0000044>
- Chung-Do, J. J., Goebert, D. A., Bifulco, K., Sugimoto-Matsuda, J., Balberde-Kamali'i, J., Ka'ae, D., . . . Walter, L. (2016b). Insights in Public Health: Safe Messaging for Youth-Led Suicide Prevention Awareness: Examples from Hawai'i. *Hawai'i Journal of Medicine & Public Health: A Journal of Asia Pacific Medicine & Public Health*, *75*, 144–147.
- Chung-Do, J., Goebert, D., Bifulco, K., Tydingco, T., Wilcox, S., Aea, D., . . . Alvarez, A. (2015). Mobilizing communities at-risk to prevent youth suicides. *Journal of Health Disparities Research and Practice*, *8*, 108–123.
- Chung-Do, J. J., Napoli, S. B., Hooper, K., Tydingco, T., Bifulco, K., & Goebert, D. (2014). Youth-led Suicide Prevention in an Indigenous Rural Community. *The Psychiatric Times*, *12*, 1–4. Retrieved from <http://www.psychiatrictimes.com/cultural-psychiatry/youth-led-suicide-prevention-indigenous-rural-community>
- Colucci, E., & Martin, G. (2007). Ethnocultural aspects of suicide in young people: A systematic literature review Pt. 2: Risk factors, precipitating agents, and attitudes toward suicide. *Suicide and Life-Threatening Behavior*, *37*, 222–237. <http://dx.doi.org/10.1521/suli.2007.37.2.222>
- Consillio, K. (2016). *Healing Through Art, a collaborative project among FTC, 808URBAN, Kamehameha Schools and UH Department of Psychiatry*. Retrieved from <http://www.pressreader.com/usa/honolulu-star-advertiser/20161205/281767038845133>
- Curtin, S. C., Warner, M., & Hedegaard, H. (2016). Increase in Suicide in the United States, 1999–2014. *NCHS Data Brief*, *241*, 1–8.
- Dalton, J. H., Elias, M. J., & Wandersman, A. (2007). *Community psychology: Linking individuals and community* (2nd ed.). Belmont, CA: Thomson-Wadsworth.

- Duponte, K., Martin, T., Mokuau, N., & Paglinawan, L. (2010). *Ike Hawai'i—A training program for working with Native Hawaiians*. Honolulu, HI: Author.
- Else, I. R. N., Andrade, N. N., & Nahulu, L. B. (2007). Suicide and suicidal-related behaviors among indigenous Pacific Islanders in the United States. *Death Studies, 31*, 479–501. <http://dx.doi.org/10.1080/07481180701244595>
- Freire, P. (1998). *Pedagogy of the Oppressed*. (20th anniversary ed.). New York, NY: Continuum.
- Galanis, D. (2016). *Overview of suicides in Hawai'i*. Honolulu, HI: Hawai'i Department of Health.
- Garraza, L. G., Walrath, C., Goldston, D. B., Reid, H., & McKeon, R. (2015). Effect of the Garrett Lee Smith Memorial suicide prevention program on suicide attempts among youths. *Journal of the American Medical Association Psychiatry, 72*, 1143–1149. <http://dx.doi.org/10.1001/jamapsychiatry.2015.1933>
- Goebert, D., Nahulu, L., Hishinuma, E., Bell, C., Yuen, N., Carlton, B., . . . Johnson, R. (2000). Cumulative effect of family environment on psychiatric symptomatology among multiethnic adolescents. *Journal of Adolescent Health, 27*, 34–42. [http://dx.doi.org/10.1016/S1054-139X\(00\)00108-7](http://dx.doi.org/10.1016/S1054-139X(00)00108-7)
- Goebert, D., Hamagami, F., Hishinuma, E., Chung-Do, J. J., & Sugimoto-Matsuda, J. J. (in press). Change pathways in indigenous and non-indigenous youth suicide. *Suicide & Life-Threatening Behavior*.
- Harlow, A. F., Bohanna, I., & Clough, A. (2014). A systematic review of evaluated suicide prevention programs targeting indigenous youth. *Crisis, 35*, 310–321. <http://dx.doi.org/10.1027/0227-5910/a000265>
- Hawai'i Health Data Warehouse. (2017). *Query builder for Hawaii's Youth Risk Behavior Survey (YRBS) data* [Data file]. Retrieved from http://ibis.hhdw.org/ibisph-view/query/builder/yrbs/SuicideTried12M/SuicideTried12M_HS_ST.html
- Hishinuma, E. S., Smith, M. D., McCarthy, K., Lee, M., Goebert, D. A., Sugimoto-Matsuda, J., . . . Andrade, J. K. L. (2017). Longitudinal prediction of suicide attempts for a diverse adolescent sample of Native Hawaiians, Pacific Peoples, and Asian Americans. *Archives of Suicide Research*. Advance online publication. <http://dx.doi.org/10.1080/13811118.2016.1275992>
- Kana'iaupuni, S. M. (2005). Ka'akālai Kū Kanaka: A call for strengths-based approaches from a Native Hawaiian perspective. *Educational Researcher, 34*, 32–38.
- Kawa'a, L. (2009a). *Morning mana'o: Malama, take care*. Retrieved from <http://morningmanao.blogspot.com/2009/04/malama-take-care.html>
- Kawa'a, L. (2009b). *Morning mana'o: Believe*. Retrieved from <http://morningmanao.blogspot.com/2009/04/hilina-i-believe.html>
- Kawa'a, L. (2010). *Morning mana'o: Ieie and koa*. Retrieved from <http://morningmanao.blogspot.com/2010/03/ieie-and-koa.html>
- Kral, M., Wiebe, P. K., Nisbet, K., Dallas, C., Okalik, L., Enuaraq, N., & Cinotta, J. (2009). Canadian Inuit community engagement in suicide prevention. *International Journal of Circumpolar Health, 68*, 292–308. <http://dx.doi.org/10.3402/ijch.v68i3.18330>
- Martin, S., Pittman, K., Ferber, T., & McMahan, A. (2007). *Building Effective Youth Councils: A practical guide to engaging youth in policy making*. Washington, DC: The Forum for Youth Investment.
- Matsu, C. R., Goebert, D., Chung-Do, J. J., Carlton, B., Sugimoto-Matsuda, J., & Nishimura, S. (2013). Disparities in psychiatric emergency department visits among youth in Hawai'i, 2000–2010. *The Journal of Pediatrics, 162*, 618–623. <http://dx.doi.org/10.1016/j.jpeds.2012.09.006>
- McCabe, G. H. (2007). The healing path: A culture and community-derived indigenous therapy model. *Psychotherapy: Theory, Research, Practice, Training, 44*, 148–160. <http://dx.doi.org/10.1037/0033-3204.44.2.148>
- Meyer, M. A. (2001). Our own liberation: Reflections on Hawaiian epistemology. *The Contemporary Pacific, 13*, 124–148. <http://dx.doi.org/10.1353/cp.2001.0024>
- Middlebrook, D. L., LeMaster, P. L., Beals, J., Novins, D. K., & Manson, S. M. (2001). Suicide prevention in American Indian and Alaska Native communities: A critical review of programs. *Suicide and Life-Threatening Behavior, 31*(Suppl.), 132–149. <http://dx.doi.org/10.1521/suli.31.1.5.132.24225>
- Pukui, M. K. (1983). *Ōlelo No 'eau: Hawaiian Proverbs & Poetical Sayings*. Honolulu, HI: Bishop Museum Press.
- Pukui, M. K., & Elbert, S. H. (1986). *Hawaiian dictionary: Hawaiian-English, English-Hawaiian*. Honolulu, HI: University of Hawaii Press.
- Pukui, M. K., Haertig, E. W., Lee, C. A., & McDermott, J. F. (1972). *Nānā i ke kumu* (pp. 117–118). Honolulu, HI: Queen Lili'uokalani Children's Center.
- Queen Lili'uokalani Children's Center. (2013). Annual report. Retrieved from <http://onipaa.org/media/W1siZiIsIjIwMTUvMDIvMTEvMjBfMzdfNDRfMzYwXzIwMTNfQW5udWFsX1JlcG9ydF9GaW5hbC5wZGZYiXV0/2013%20Annual%20Report%20-Final.pdf?sha=32377e8e>
- Reitz, J., & Banerjee, R. (2014). The growing case for youth engagement through culture. *Metropolis, 145*.
- Sugimoto-Matsuda, J., & Rehuher, D. (2014, November 3). Suicide prevention in diverse populations: A systems and readiness approach for emergency settings. *The Psychiatric Times, 40G–40H*.
- Trinidad, A. M. O. (2009). Toward kuleana (responsibility): A case study of a contextually grounded intervention for Native Hawaiian youth and young adults. *Aggression and Violent Behavior, 14*, 488–498. <http://dx.doi.org/10.1016/j.avb.2009.07.008>
- Whitbeck, B., Chen, X., Hoyt, D. R., & Adams, G. W. (2004). Discrimination, historical loss and enculturation: Culturally specific risk and resiliency factors for alcohol abuse among American Indians. *Journal of Studies on Alcohol, 65*, 409–418. <http://dx.doi.org/10.15288/jsa.2004.65.409>
- Wong, S. S., Sugimoto-Matsuda, J. J., Chang, J. Y., & Hishinuma, E. S. (2012). Ethnic differences in risk factors for suicide among American high school students, 2009: The vulnerability of multiracial and Pacific Islander adolescents. *Archives of Suicide Research, 16*, 159–173. <http://dx.doi.org/10.1080/13811118.2012.667334>
- Yahata, D., & Kaninau, P. (2009). *2009 Native Hawaiian Youth Violence, Bullying, and Suicide Needs Assessment Report*. Honolulu, HI: Papa Ola Lokahi.
- Yuen, N. Y. C., Nahulu, L. B., Hishinuma, E. S., & Miyamoto, R. H. (2000). Cultural identification and attempted suicide in Native Hawaiian adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry, 39*, 360–367. <http://dx.doi.org/10.1097/00004583-200003000-00019>
- Yuen, N., Yahata, D., & Nahulu, L. B. (2006). *Native Hawaiian Youth Suicide Prevention Project*. Honolulu, HI: Hawaii Department of Health.

Received May 17, 2017

Revision received October 27, 2017

Accepted November 14, 2017 ■



**Testimony to the House Committee on Judiciary and Hawaiian Affairs
Friday, February 10, 2023; 2:00 p.m.
State Capitol; Conference Room 325
Via Videoconference**

RE: HOUSE BILL NO. 0622, HOUSE DRAFT 1, RELATING TO SUICIDE PREVENTION.

Chair Tarnas, Vice Chair Takayama, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Bill No. 0622, House Draft 1, RELATING TO SUICIDE PREVENTION., and respectfully offers an **AMENDMENT** for your consideration.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This measure, as received by your Committee, would:

- (1) Codify the existing Prevent Suicide Hawaii Task Force (Task Force) into the Department of Health's statutes, Chapter 321, Hawaii Revised Statutes;
- (2) Amend the duties of the Task Force to focus on Native Hawaiian and Pacific Islander suicide prevention efforts; and
- (3) Clarify the Task Force's membership.

This bill will take effect on June 30, 3000.

Testimony on House Bill No. 0622, House Draft 1
Friday, February 10, 2023; 2:00 p.m.
Page 2

The HPCA recognizes that the mental health needs of the State continue to outweigh present capacity. These needs were greatly exacerbated due to the profound level of stress placed on individuals, families, and entire communities as economic hardships, disruptions in normalcy, and the stark isolation of quarantine have greatly complicated daily life. This has led to an increase in suicides in Hawaii and across our Nation.

Because the HPCA is embedded in Hawaii's most underprivileged and isolated communities throughout the State, we believe we can greatly help in this cause. We can offer our expertise, daily interaction with key demographic cohorts, and trust with communities from decades of providing primary care to Medicaid recipients.

For this reason, we respectfully request inclusion as a member of the Task Force. With this amendment, we urge your favorable consideration of the bill.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.



Papa Ola Lokahi
Nana I Ka Pono Na Ma

894 Queen Street
Honolulu, Hawaii 96813
Phone: 808.597.6550
www.papaolalokahi.org

House Committee on Judiciary and Hawaiian Affairs
Representative David A. Tarnas, Chair
Representative Gregg Takayama, Vice Chair

Friday, February 10, 2023, 2:00 PM, Conference Room 325 & Videoconference

RE: HB 622 HD 1 – RELATING TO SUICIDE PREVENTION
Position: IN SUPPORT

Dear Chair Tarnas, Vice-Chair Takayama, and Members of the Committee on Judiciary and Hawaiian Affairs,

Papa Ola Lokahi testifies **IN SUPPORT** of HB 622 HD 1, which amends the duties of the Prevent Suicide Hawaii Task Force to focus on Native Hawaiian and Pacific Islander suicide prevention efforts. Papa Ola Lokahi supports efforts that aim to be culturally responsive to address health disparities that impact Native Hawaiians. We appreciate that this bill intends to focus on suicide reduction among the NHPI community and seeks to incorporate culturally appropriate prevention models, which attend to the holistic way Native Hawaiians view health. Further, we appreciate the State Legislature's thoughtfulness in this task force's membership.

Papa Ola Lokahi has an established track record in Native Hawaiian health education, which helped to address the disparities Native Hawaiian communities faced during the height of the COVID-19 pandemic, and as it continues to evolve. Additionally, Papa Ola Lokahi supports and facilitates the dissemination of traditional ways of healing in our communities that encompasses the mind, body, and spirit connection, which is the basis of Native Hawaiian health. Our work aims to address the social and cultural determinants of health that contribute to the dire health statistics, such as those described in this bill. We work closely with the five Native Hawaiian Health Care Systems, which provide direct and enabling services, and other providers across the state that serve Native Hawaiian communities. Papa Ola Lokahi appreciates being included in the membership and is happy to serve on the task force.

Papa Ola Lokahi supports this measure and affirms that attention to suicide prevention is critical to our people and Native Hawaiian health.

Thank you for the opportunity to testify in **SUPPORT** of **HB 622 HD 1**.

Papa Ola Lōkahi, the Native Hawaiian Health Board, authorized by the federal Native Hawaiian Health Care Improvement Act, is charged with raising the health status of Native Hawaiians to the highest possible level, which we achieve through strategic partnerships, programs, and public policy.



Submitted Online: February 9, 2023

HEARING: Friday, February 10, 2023

TO: House Committee on Judiciary & Hawaiian Affairs
Rep. David Tarnas, Chair
Rep. Greg Takayama, Vice Chair

FROM: Eva Andrade, President

RE: Strong Support for HB 622 HD1 Relating to Suicide Prevention

Hawai'i Family Forum is a non-profit, pro-family education organization committed to preserving and promoting life, family and religious freedom in Hawai'i. We are very concerned about suicide, because it affects the vulnerable people in our community, especially our youth, elderly and those who are incarcerated.

A report to the 2018 Hawai'i Legislature indicated that between 2012-2016, suicide was the most common cause of fatal injuries among Hawai'i residents, accounting for one-quarter of all fatal injuries. According to the U.S. Department of Health and Human Services, in 2019, suicide was the leading cause of death for Native Hawaiians/Pacific Islanders ages 15-24. They are also three times less likely to receive mental health services or to receive prescription medications for mental health treatment as compared to non-Hispanic whites.¹

Experts in Hawai'i rightly point out that suicidal behaviors, for people of any age, are usually rooted in many different factors, with mental health issues playing an important role in the overall mix. It is a "perfect storm" of emotional issues and the only way to begin making a difference, is by identifying and treating each person. And the good news, is that it is fixable by awareness and treatment.

Making permanent the prevent suicide Hawaii Task Force will ensure that a strategic plan is developed and maintained in order to reduce suicides within the Native Hawai'ian community and to provide accurate information to the wider community is an effort we applaud. Establishing this Task Force itself, we believe, will bring a range of personal and professional perspectives to these efforts. Through our work with churches over the past twenty-five years, we have come to believe that collaboration and understanding are critical to improving the lives of Hawai'i's people. Like all of the partners, colleagues, and supporters that work together to reduce suicides in Hawai'i, we feel deeply that suicide is preventable. It will be the spirit of collaboration – from policy-makers and advocates to clinicians and clients – that will make suicide prevention possible in our communities.

Mahalo for the opportunity to submit testimony in support of this measure.

¹ <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=172> (accessed January 30, 2023)



THE QUEEN'S HEALTH SYSTEM

To: The Honorable David Tarnas, Chair
The Honorable Gregg Takayama, Vice Chair
Members, House Committee on Judiciary & Hawaiian Affairs

From: Jace Mikulanec, Director, Government Relations, The Queen's Health System

Date: February 10, 2023

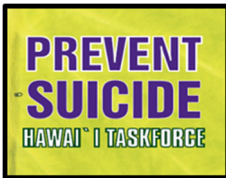
Re: Testimony in support of HB 622 HD1: Relating to Suicide Prevention

The Queen's Health System (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 10,000 affiliated physicians, caregivers, and dedicated medical staff statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in **support** of HB 622 HD1, which makes permanent the prevent suicide Hawai'i task force within the Department of Health aimed at reducing the suicide rate among Native Hawaiians and Pacific Islanders in Hawai'i. We commend the introducer of the bill and the Committee for hearing this important measure as it aligns with suicide prevention efforts underway at Queen's that focuses on both populations. The Queen's Medical Center emergency department has a multidisciplinary suicide prevention program overseen by our behavioral health and psychiatry departments and affiliated with the University of Hawai'i's John A. Burns School of Medicine. This program and the affiliated faculty are focused on suicide prevention within the Hawaiian and Pacific Islander populations with a particular emphasis on youth prevention. As such, Queen's would welcome the chance to participate as a member of the task force should the Committee deem it appropriate.

Thank you for the opportunity to testify in support of this measure.

The mission of The Queen's Health System is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



Prevent Suicide Hawai'i Taskforce
*Hawaii's Statewide Public-Private Network
promoting hope, help, and healing
and passing life forward in our local communities*



February 9, 2023

Chair David A. Tarnas
Vice Chair Gregg Takayama
House Committee on Judiciary and Hawaiian Affairs
Hawai'i State Legislature
415 South Beretania Street
Honolulu, HI 96813

RE: full support for HB622 HD1 – relating to suicide prevention

Makes permanent the prevent suicide Hawai'i task force within the Department of Health. Requires the task force to focus on reducing the suicide rate among Native Hawaiians and Pacific Islanders in the State. Requires reports to the legislature. Effective 6/30/3000. (HD1)

For House Committee on Judiciary and Hawaiian Affairs – hearing on February 10, 2023 at 2:00 p.m. in conference room 325 and via videoconference

Chair Tarnas, Vice Chair Takayama, and distinguished members of the House Committee on Judiciary and Hawaiian Affairs:

The Steering (Leadership) Committee of the Prevent Suicide Hawai'i Taskforce wishes to affirm our **full support of HB 622 (House Draft 1)**. In this testimony we offer key points as to why this bill deserves your favorable vote, especially at this critical time.

The issue of suicide

In Hawai'i, one of our community members dies by suicide every other day. This dire public health issue unfortunately affects all communities and disciplines, though disproportionately impacts our vulnerable communities such as our Native and Indigenous peoples, our rural residents, and our youth and young adults. What's more, the immense stigma around mental health and suicidality increases the challenge that faces us when encouraging people to seek help when needed.

The Prevent Suicide Hawai'i Taskforce (see attachment for more information):

Convened in 1999, the Taskforce has continued to grow and evolve ever since, an incredible demonstration of staying power and partnership. Many inaugural members continue to play key roles.

- Today, we are Hawaii's largest and longest-standing grassroots (volunteer-based) collaborative focused on suicide prevention. Our membership is diverse and includes all counties, professionals from various disciplines, and most importantly, those who have been personally impacted by suicide (e.g., those who have lost a loved one to suicide, those with personal struggles, etc.).
- Over time, the Taskforce has become the State's leader in raising awareness around suicide, providing trainings to various audiences, supporting those impacted by suicide, and conducting research and evaluation activities. The Taskforce is also author of Hawaii's Suicide Prevention Strategic Plan, requested by and reported to the Legislature: <https://go.hawaii.edu/k8k>.

Why your support of HB 622 HD1 matters, especially in this Legislative Session:

1) It formalizes the Taskforce, and recognizes members' sacrifices

Your support of HB 622 HD1 not only ensures the long-term sustainability of the Taskforce, but also conveys proper acknowledgement and gratitude to those who have already paved the way. **It firmly documents the Legislature's earnest and serious commitment to preventing suicide**, and is particularly symbolic to those of us who have survived the loss of our loved ones to suicide, or live with our own struggles.

2) It ensures sustained momentum of, and accountability to, Hawaii's Strategic Plan

HB 622 HD1 will formally designate the Taskforce as the lead entity to monitor and evaluate the Strategic Plan, adding an element of accountability for all stakeholders involved in the Plan's implementation. Since presentation of the

plan in 2017, the Taskforce has already been monitoring its progress, and we have also begun the process of revisiting and updating the Plan. **As the Plan's original authors, we are intimately familiar with its intended design and use, and so are in a unique position to facilitate implementation and evaluation.**

3) *It ensures sustained partnerships among key agencies*

While all agencies named in the bill are already active participants in the Taskforce, HB 622 HD1 ensures sustained commitment from all parties. We are aware that some may be concerned about workload; our core members validate these concerns and also empathize, given that we all voluntarily serve in our roles beyond our required professional and personal responsibilities. In response, we ask the Committee to reflect on such a statement (i.e., "prioritizing suicide prevention is too much work"), and what type of message that sends to the community. In addition, please be assured the Taskforce is already self-driven and organized. This includes elements such as internal bylaws, regularly scheduled public meetings, communication mechanisms, and a core leadership (Steering Committee). **We are ready. This is the next step not for only the network, but also for the suicide prevention movement in Hawai'i.**

Should you have questions or require additional information about this bill, or any resources related to suicide prevention, please do not hesitate to reach out to us. Dr. Jeanelle Sugimoto-Matsuda is the Taskforce's advocacy liaison, and can be reached at junesugi88@gmail.com or (808) 291-9930.

Thank you, once again, for prioritizing suicide prevention in our local communities; promoting hope, help and healing; and most importantly, *PASSING LIFE FORWARD.*

With Deepest Aloha,



Deborah Goebert, DrPH – Current Co-Chair, State PSHTF
(Expertise in mental health research, youth/adolescent health, community and cultural treatments, community engagement; Inaugural Taskforce member)



Gina Kaulukukui – Current Co-Chair, State PSHTF
(Expertise in postvention, grief/bereavement, domestic violence; Inaugural Taskforce member)



Jeanelle Sugimoto-Matsuda, DrPH
Immediate Past Co-Chair, State PSHTF; Taskforce Advocacy Liaison
(Expertise in mental health research, policy/advocacy, health systems)



Brent Oto, MA, CPS – Immediate Past Co-Chair, State PSHTF
Taskforce military representative
(Expertise in awareness and training, military/veterans affairs, substance abuse counseling)



Madeleine Hiraga-Nuccio Co-Chair, Prevent Suicide Kaua'i Taskforce
(Expertise in mental health, adolescent health, community health)



Danielle Bergan – Co-Chair, E Ola Hou Prevent Suicide Maui County Taskforce
(Expertise in awareness and training, community health and engagement)



Kathleen Merriam, LCSW, CSAC – Board Co-Chair, Hawai'i Chapter of the American Foundation for Suicide Prevention
(Expertise in mental health systems, engagement with consumers, crisis services, postvention)



Mestisa Gass, PsyD – Board Co-Chair, Hawai'i Chapter of the American Foundation for Suicide Prevention
(Expertise in clinical psychology and therapies, awareness and training)



H. Yolisa Duley, PhD – Co-Chair, Hawai'i Island Prevent Suicide Taskforce
(Expertise in awareness and training, higher education)



Joy Hohnstine, MA, Med – Co-Chair, Hawai'i Island Prevent Suicide Taskforce
(Expertise in behavioral health, awareness and training, K-12 education)



Pua Kaninau-Santos, MSW – Liaison, O'ahu Prevent Suicide Hawai'i Taskforce
(Expertise in postvention, bereavement training and services for families, Native Hawaiian health, community engagement; Inaugural Taskforce member)



Bryan L. Talisayan
Executive Director, Mental Health America of Hawai'i



Aloha from the Prevent Suicide Hawai'i Taskforce (PSHTF)!



Suicide in Hawai'i

- Suicide is the 2nd-leading cause of fatal injury in Hawai'i (the leading cause for 16-44 year olds). For every death, another two people are hospitalized for suicide attempts, and another three are treated in emergency departments. [data source: Hawai'i State Department of Health]
- About 1 in 7 Hawai'i high school youth consider suicide, 1 in 6 make a suicide plan, and 1 in 9 attempt suicide. [data source: 2019 Hawai'i Youth Risk Behavior Survey]

The Taskforce

- We are a community-based, grassroots **network of agencies and individuals** who work in and/or care about suicide prevention. The Taskforce aims to be the “hub” that coordinates suicide prevention activities and communication.
- Convened in 1999, community passion has kept the Taskforce going ever since. Today, partners include state agencies (e.g., Health, Education, Public Safety, University of Hawai'i), healthcare entities, non-profits, and community organizations. Many also come to the table as loss survivors (lost a loved one to suicide) or those who struggle personally.
- The Taskforce is the **author of Hawaii's Suicide Prevention Strategic Plan** (<https://go.hawaii.edu/k8k>), requested by and reported to the Hawai'i State Legislature. We lead and support various suicide prevention activities – awareness, trainings, research, advocacy, supports for those personally impacted by suicide – all of which align with the Strategic Plan.



Other things to know

- We are here as a resource/hub for the community. Though suicide is complex and there is still much to be done, there is also a lot of great work and partnerships to be proud of.
- When speaking or writing about suicide, keep safe messaging in mind. For example, don't glamorize or sensationalize suicide. We also discourage publicizing details on how and where a suicide took place. We recommend terms like “died by suicide” instead of “completed/committed suicide.” See <https://reportingonsuicide.org/> for more details.
- **Download a copy of our comprehensive resource directory at this link** (<https://go.hawaii.edu/k8X>), or via the QR code. →



THANK YOU FOR ALL THAT YOU DO FOR HAWAII'S COMMUNITIES!!!

Direct questions about this handout to the Taskforce, via Jeanelle Sugimoto-Matsuda at preventsuicidehi@gmail.com.

Version 1/18/2023

HB-622-HD-1

Submitted on: 2/10/2023 2:53:09 PM

Testimony for JHA on 2/10/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michael Golojuch Jr	Stonewall Caucus of the Democratic Party of Hawaii	Support	Written Testimony Only

Comments:

Aloha Representatives,

The Stonewall Caucus of the Democratic Party of Hawai‘i; Hawai‘i’s oldest and largest policy and political LGBTQIA+ focused organization fully supports HB 622 HD 1.

We request a member be added to represent the LGBTQIA+ community.

We hope you all will support this important piece of legislation.

Mahalo nui loa,

Michael Golojuch, Jr.
Chair and SCC Representative
Stonewall Caucus for the DPH

HB-622-HD-1

Submitted on: 2/8/2023 8:43:25 PM

Testimony for JHA on 2/10/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Will Caron	Individual	Support	Written Testimony Only

Comments:

In 2019, suicide was the leading cause of death for Native Hawaiians and Pacific Islanders between the ages of 15–24. That same year, Native Hawaiians and Pacific Islanders were three times less likely to receive mental health services or prescription medications for mental health treatment, compared to white youth. This is a public health emergency and its tied directly to systemic racism and a history of colonial violence that is still impacting Native peoples of the Pacific in Hawai‘i today. Making the Prevent Suicide Hawai‘i Task Force within the Department of Health permanent and directing it to focus its efforts to address this problem makes sense. Please pass HB622 HD1.

HB-622-HD-1

Submitted on: 2/9/2023 12:28:15 AM

Testimony for JHA on 2/10/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dana Keawe	Individual	Support	Written Testimony Only

Comments:

support

HB-622-HD-1

Submitted on: 2/9/2023 6:59:59 AM

Testimony for JHA on 2/10/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
John Bickel	Individual	Support	Written Testimony Only

Comments:

I am a teacher. I had a student who committed suicide. I know teenagers are stressed, and many consider suicide. I hope this task force will get proactive to prevent suicide. It is just too great of a tragedy when it happens.

HB-622-HD-1

Submitted on: 2/9/2023 7:17:39 AM

Testimony for JHA on 2/10/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cate Waidyatilleka	Individual	Support	Written Testimony Only

Comments:

Suicide is absolutely devastating to too many of us. Whatever we can do to save lives, we need to do.

HB-622-HD-1

Submitted on: 2/9/2023 10:38:55 AM

Testimony for JHA on 2/10/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dara Yatsushiro	Individual	Support	Written Testimony Only

Comments:

SUPPORT